



MISSOURI ETHICS COMMISSION
48 HOUR NOTICE OF LATE CONTRIBUTIONS / LOANS RECEIVED

P.O. BOX 1254
JEFFERSON CITY, MO 65102
(800) 392-8660
(573) 526-4506 (FAX)
www.mec.mo.gov

M.E.C. ID NO. _____

1. STATEMENT DATE	This form is optional and may be used to report contributions in excess of \$250 received within 12 days of the election pursuant to Section 130.050.3 RSMo.	
2. FULL NAME OF COMMITTEE		
ADDRESS OF COMMITTEE		
ADDRESS:		
CITY / STATE / ZIP:		
3. NAME OF CANDIDATE	4. OFFICE SOUGHT	
FULL NAME:	DATE RECEIVED	AMOUNT
ADDRESS:		
CITY / STATE / ZIP:		
FULL NAME:	DATE RECEIVED	AMOUNT
ADDRESS:		
CITY / STATE / ZIP:		
FULL NAME:	DATE RECEIVED	AMOUNT
ADDRESS:		
CITY / STATE / ZIP:		
FULL NAME:	DATE RECEIVED	AMOUNT
ADDRESS:		
CITY / STATE / ZIP:		
FULL NAME:	DATE RECEIVED	AMOUNT
ADDRESS:		
CITY / STATE / ZIP:		
FULL NAME:	DATE RECEIVED	AMOUNT
ADDRESS:		
CITY / STATE / ZIP:		
FULL NAME:	DATE RECEIVED	AMOUNT
ADDRESS:		
CITY / STATE / ZIP:		